

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | * | * | * |
|---------------------|----------|------|------------------------|------|------------------------|---------------------|--|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| | 1 | / | | | | | | 51 | | | |
| 2 | | / | | | | 52 | | | | | |
| 3 | | / | | | | 53 | | | | | |
| 4 | | / | | | | 54 | | | | | |
| 5 | / | | | | | 55 | | | | | |
| 6 | | / | | | | 56 | | | | | |
| 7 | | / | | | | 57 | | | | | |
| 8 | | / | | | | 58 | | | | | |
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| 49 | | | | | | 99 | | | | | |
| 50 | | | | | | 100 | | | | | |
| TOTAL IND. | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | | TOTAL CLAIMS | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS